

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	FACILITATED SAFE CAR STEERING DEVICE
Attorney Docket Number::	FUKUMOTO 7
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Toshihiro

Middle Name::
Family Name:: FUKUMOTO
Name Suffix::
City of Residence:: Shinjuku-ku
State or Province of Residence:: Tokyo
Country of Residence:: Japan
Street of Mailing Address:: 1-1-15-816 Kami-ochiai
City of Mailing Address:: Shinjuku-ku
State or Province of Mailing Address:: Tokyo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 161-0034
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Keiko

Middle Name::
Family Name:: EBATO
Name Suffix::
City of Residence:: Shinjuku-ku
State or Province of Residence:: Tokyo
Country of Residence:: Japan
Street of Mailing Address:: 1-14-14-201 Nishi-ochiai
City of Mailing Address:: Shinjuku-ku
State or Province of Mailing Address:: Tokyo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 161-0031

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application:: Continuity Type:: Parent Parent Filing
Application:: Date::

This Application National Stage of

PCT/JP03/016738 12-25-03

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::